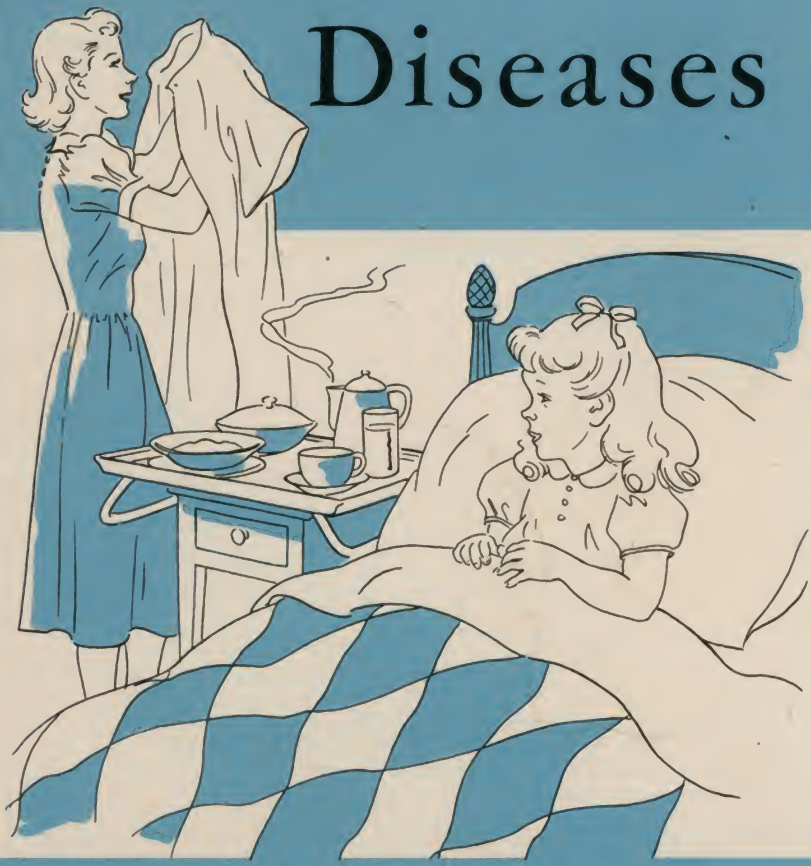
Home Care of Communicable Diseases



LIFE CONSERVATION SERVICE

OF THE

JOHN HANCOCK

MUTUAL LIFE INSURANCE COMPANY

OF BOSTON, MASSACHUSETTS

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HOME CARE OF COMMUNICABLE DISEASES

IF her child wakes in the morning or comes home from school with the "snuffles" and his eyes watering, if he feels feverish, and generally miserable, the wise mother puts him straight to bed in a room by himself and calls the doctor promptly. It may be only a cold. Even so, bed is the place for him. But it may be a condition much more serious. If it is one of the contagious diseases of childhood, bed is certainly the place for him.* The table in the middle of this booklet shows that most children's diseases begin with symptoms much like the first signs of a cold.

Although communicable diseases are most frequently spread during the early stages, often before a diagnosis can be made, it is still important to keep the patient in bed and away from his brothers and sisters and playmates because he can still pass on the infection to them. Isolation is of all the more

* The words "contagious", "communicable", and "infectious" are customarily applied to any disease that is spread from one person to another. In this booklet the words all have the same meaning as "catching".

value if there are smaller children in the household, for communicable diseases go especially hard for youngsters between the ages of six months and three or four years. Most deaths from these diseases occur among babies and toddlers.

There are three good reasons why the family physician should be called promptly when sickness threatens. It is important to know the nature of the illness, early medical treatment is always the most effective, and advice is needed about protecting others.

Often the skill and judgment of the most experienced physician are put to the test in deciding into what disease of childhood a condition may be developing. Certainly making a diagnosis is not something for parents to attempt, no matter how many such illnesses they may have been through. The family doctor should be called early because rashes sometimes appear and fade before they are noticed by a non-medical person. Aches and pains may be so vaguely described by the little patient that only a physician will recognize their significance.

Prompt medical care may influence the severity of the attack. In diphtheria the early administration of antitoxin may mean the difference between

prompt recovery and long illness. The outcome of other diseases, too, often depends upon early treatment. Giving household remedies while waiting to see if the disease will become serious may result in a really serious outcome.

All the members of the household are protected when the physician is called early. He will decide what precautions must be taken to protect others in the family and will give advice about watching for the appearance of symptoms in those who have been exposed.

Ways By Which Catching Diseases Are Spread

PEOPLE, not things, usually spread communicable diseases. Saliva is the chief agent which carries the infection. Until recent times there were differences of opinion about the transmission of disease. Our forefathers thought the infectious agent was the night air itself. Sewer gases were wrongly accused of spreading diseases. Peeling skin from recovered cases was mistakenly thought to be dangerous. Elaborate methods of fumigation based upon these misconceptions were used to ward off epidemics.

Catching diseases are spread by the transfer of saliva.

It is clear now that many of these old ideas were wrong. Medical science has shown that it is not infectious articles but infectious people who are the chief spreaders of communicable disease. There are a few well-known exceptions to this rule, such as malaria which is spread by mosquitoes.

Discharges from the nose, throat, or ears of a sick child, if such discharges occur, are dangerous but saliva is the most common spreader of the childhood infections. Saliva may be transferred directly

from sick to well children through close contact. Kissing is the most direct method of transfer but the saliva may be passed from one to another by coughing, sneezing and perhaps even talking. Indirectly the infectious saliva may be spread on playthings or any article used by more than one child. Children habitually put fingers and toys into their mouths. The child coming down with a catching disease passes the infection in these ways to his playmates.

Not all children who can spread disease give evidence that they are ill. In some instances the infection is so mild that the child does not complain and hence is not put to bed, yet his saliva may be as infectious as that of a child who is frankly sick. Occasionally the saliva remains infectious after the child has recovered from the disease. Children who are not sick but may be infectious are called carriers.

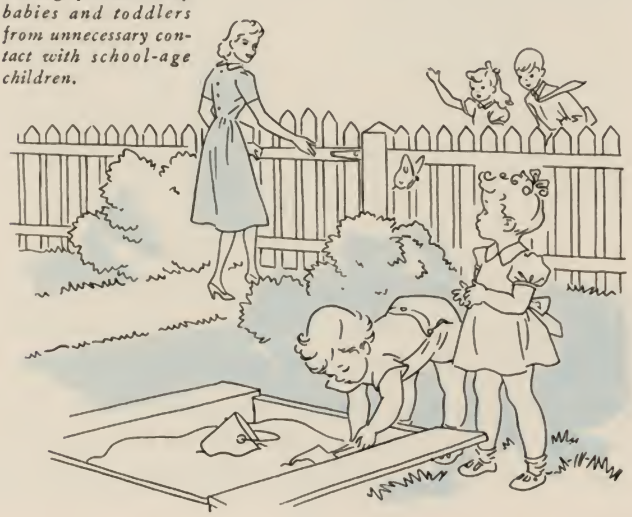
Immunity to Disease

ONE attack of chickenpox, measles, German measles, mumps, scarlet fever, smallpox, whooping cough, or infantile paralysis usually protects the patient against a second attack of the same disease. Instances of a child coming down a second time with any of these infections are rare. One at-

tack of influenza, pneumonia, or the common cold seems to confer no lasting protection. Natural attacks of diphtheria are not necessarily followed by immunity, especially if antitoxin is administered, yet treatment with toxoid renders the child immune in nearly every instance.

Preventing Infection

FOR those diseases against which we have no protective treatments, parents may help their children to avoid catching them even though all contact



During epidemics keep babies and toddlers from unnecessary contact with school-age children.

with infection cannot be prevented. Without making their youngsters morbidly afraid of illness, parents can do these things:

During epidemics babies and toddlers should be kept away from older school children, especially those who are coughing or sneezing.

Teach children to keep out of their mouths articles that may have touched the lips of others.

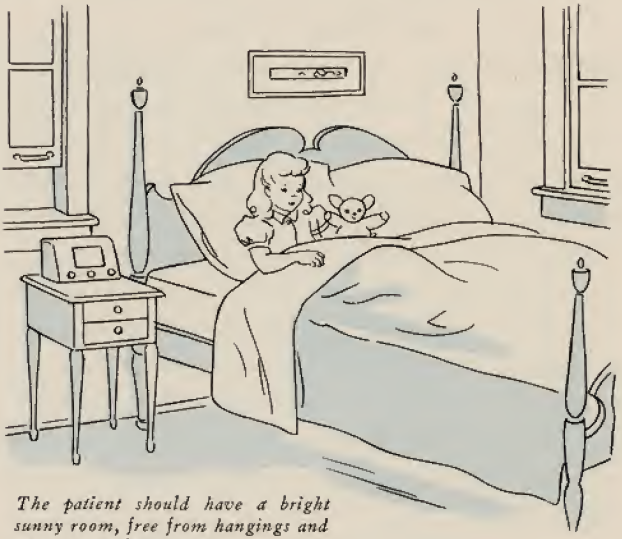
Require children to wash their hands with soap and water before meals.

The Question of Hospital or Home Care

SOME diseases, such as diphtheria, poliomyelitis (infantile paralysis), and pneumonia which need special treatments, can be cared for most successfully in the hospital. Where such hospital facilities are available, foresighted parents will see to it that the child receives the benefits which these institutions have to offer. In communities without hospitals, or during epidemics when the institutions can take no more patients, parents have no choice but to care for the child in the home. Other diseases, which require no special treatments, may be cared for as satisfactorily in the ordinary home as in a hospital.

When a child, sick with a communicable disease, is cared for at home, the member of the family who attends to the patient has a great responsibility. In this booklet she is called the attendant. In giving care to the patient the attendant will be instructed by the family physician and she may be aided and guided by the public health nurse.

If the patient is to remain at home, he should have the sunniest, most easily ventilated room — completely screened and free from unnecessary furniture, rugs, and draperies — where he can be isolated



The patient should have a bright sunny room, free from hangings and unnecessary furniture.

from every one else in the household. All other members of the family should be excluded from the sick room, otherwise there is little point in having the attendant carry out all of the suggestions which follow.

The room should be equipped with two tables — one with pitcher, basin, soap and towel for the attendant's use. A second table is provided for the patient and equipped with wash basin, jar of cotton, tissue paper or soft cloths, tooth brush, comb, soap, mouth wash, and a thermometer.

Procedures for Communicable Diseases

HEALTH board regulations for the isolation of communicable disease cases vary somewhat in different parts of the country. When a case is reported, a doctor or nurse from the health department usually calls promptly to discuss with the attendant the rules which must be complied with. Subject to local variations, the following general procedures should be observed by the attendant in giving care to a patient sick with any of the communicable diseases.

1. Assemble all necessary articles before entering the sick room to avoid the necessity of leaving the room before care is completed.

FOR THE SICK ROOM: Wash boiler for soiled linen; bedpan; two hand basins and pitchers; nail brush and soap; tissue paper, soft cloths, and newspapers; thermometer in glass (with cotton in bottom); and toilet articles for patient.

2. Wear a large apron while caring for the patient and leave the apron always in the sick room.
3. Wash hands thoroughly after caring for the patient.
4. Turn away from the patient when he coughs or sneezes and keep own hands away from mouth.

When giving care to diseases such as influenza, pneumonia, whooping cough, German measles, measles, or mumps, the attendant should observe the following precautions:

5. Discharges from the mouth and nose should be destroyed. Clean cloths or paper handkerchiefs should be used and collected in a paper bag by the bed and later burned if possible.
6. Eating utensils may be washed with the household dishes provided plenty of soap and hot water are used. Bed linen may go in with the family wash.

In addition to the above, special precautions are to be taken with diphtheria, infantile paralysis, scarlet fever, and smallpox.

7. All articles used by the patient must be kept in the sick room or until they can be burned, boiled, soaked in disinfectant solution, or aired. Soiled

linen should be washed in soap and hot water apart from the family wash and unnecessary handling avoided.

8. Dishes should be boiled for fifteen minutes before being washed with the household dishes. Partly eaten scraps of food should be burned (with the papers soiled by discharges).

Additional special precautions are also required in diseases that are spread by bowel or urine discharges, such as typhoid fever, dysentery, and infantile paralysis.

9. Before bowel discharges and urine are emptied into the toilet they should be mixed with disinfectant and allowed to stand an hour.*

Terminal disinfection of all cases.

10. When the patient has recovered, the room should be thoroughly cleaned with soap and hot water and aired.
11. All articles such as mattress, blankets, or books should be put in the sun for at least six hours. Articles badly soiled, of course, should be cleaned or destroyed if they cannot be cleaned.

*A solution of 2 percent tricresol, or 1/10 percent bichloride of mercury, or 5 percent chloride of lime is usually ordered.

Practical Suggestions About Caring for the Patient

THE attending physician will outline the specific treatment and any special routines that the attendant is to follow, and the public health nurse will demonstrate to her the way the care is to be given to the patient.* Following are some general suggestions, which the attendant must be sure that she understands:

As soon as the attendant enters the sick room she puts on the cover-all apron which is kept hanging on a hook inside the door, and which should be worn whenever any care is given.

As she cares for the patient, the attendant should be on the alert for new symptoms which should be reported to the doctor as soon as they occur.

When the care is completed, the attendant straightens the room, collects waste material in paper bags, and gathers up soiled linen and dishes, placing all this material outside the door, on newspapers spread there for that purpose.

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* Some of the common nursing procedures are described in "Caring for the Sick in the Home", a booklet which will be sent free upon request.

DISEASE	TIME TO OBSERVE EXPOSED CHILDREN (INCUBATION PERIOD)	EARLY SIGNS
CHICKEN-POX	From 14 to 21 days; commonly 17.	Usually mild fever at time of eruption, which resembles small water blisters, occurring on both covered and exposed parts of body; appearing in crops.
DIPHTHERIA	From 1 to 7 days; usually 2 to 5 days.	Mild pain in throat, moderate fever, rapid pulse, swollen neck glands, frequently with grayish-white membrane visible on back or sides of throat.
GERMAN MEASLES	From 14 to 21 days; usually about 16th day.	Mild symptoms of head cold for 1 or 2 days, followed by eruption, first on face, then on body. (May be confused with measles or scarlet fever.)
MEASLES	10 days to onset of fever. 13-15 days to appearance of rash.	Moderate fever, puffy, watering eyes, catarrh. Lining of cheeks and lips studded with small bluish white spots. 1 to 2 days later, rash appears first on head, then on body.
MUMPS	From 12 to 26 days; usually 18 to 21 days.	Swelling of glands in neck, in front of and below ears. One side usually affected first, other side in 1 or 2 days.
INFANTILE PARALYSIS	Variable; commonly from 7 to 14 days.	Symptoms of digestive upset, headache, fever, vomiting, followed by stiffness in neck, drowsy or irritable for about 3 days, then paralysis or muscle weakness.
SCARLET FEVER	From 2 to 7 days; usually 3 to 4 days.	Sudden onset, nausea, vomiting, headache, sore throat, "fur" covered tongue. Followed by bright red rash which fades when pressed.
SMALL-POX	From 8 to 16 days; commonly 12 days.	Sudden fever and symptoms of "grippe", 1 to 4 days later eruption appears, first on exposed parts, then on trunk.
WHOOPING COUGH	From 5 to 16 days; usually within 10 days.	Begins as ordinary cough, becoming more persistent and tending to occur in spells. Worse at night. Vomiting frequent. "Whoop" occurs in 1-2 weeks.
COMMON COLD	Brief, from 12 to 48 hours.	Running nose, eyes watery, slight fever, "feels bad".
INFLUENZA	From 1 to 3 days.	Fever, distress, aching in back and limbs, prostration, sore throat.
PNEUMONIA	Believed to be short; 1-3 days.	Sudden onset, fever, pain in chest, cough (vomiting and convulsions in children), sputum tinged or streaked with blood.

LENGTH OF ACUTE STAGE	COMMON COMPLICATIONS	PERIOD DISEASE REMAINS COMMUNICABLE	PREVENTIVE MEASURES
Usually brief, 3-4 days. Child commonly does not feel sick.	Skin lesions may become infected.	From day preceding eruption to probably not more than 6 days after appearance.	Disease so highly communicable that 9 out of 10 children catch it; usually early in life.
Usually brief if antitoxin given early. Convalescence is protracted.	Paralysis of heart and throat muscles, bronchopneumonia.	At least 16 days after onset, (usually 2 negative specimens taken 24 hours apart required).	All children should be protected with toxoid, before first birthday, another single dose is recommended on entering school.
Usually only few days. Child does not feel sick.	None.	From 4 to 7 days after onset of catarrhal symptoms.	Disease so highly communicable that most children catch it during epidemics.
Uncomplicated cases usually brief, rash lasting only about 5 days.	Chronic inflammation of ears, eyes, air passages; pneumonia.	Until the 5th day after the appearance of rash.	Avoid contact during infancy. (Babies and children below par may be protected by serum.)
Swelling usually subsides in week or 10 days.	Inflammation of other glands in older children and adults.	Not definitely known, assumed to be until swelling has disappeared.	Avoid contact (not a highly infectious disease) — most common in 5 to 15 year ages.
Usually long if paralysis occurs; convalescence slow.	Paralysis of affected parts of body.	Not known, probably most infectious during the early stages and usually until after first 2 weeks of illness.	Avoid contact with children with any illness especially during summer and early fall, if disease is epidemic.
Temperature usually returns to normal in week. Peeling occurs after 1 to 3 weeks.	Inflammation of middle ear. Damage to heart or kidneys.	Three weeks from beginning, and until all discharges have ceased.	Avoid contact. Children may be immunized with toxin, (usually not given as a routine).
Varies with severity of infection. Lesions last 14-48 days.	Infection of skin lesions.	From earliest signs to disappearance of all scabs and crusts.	If not vaccinated within 5 years immediate vaccination after exposure, (protects if given within a day).
Variable; usually 4 to 8 weeks of "whooping" stage.	Bronchitis and broncho-pneumonia.	Most catching in catarrhal stage and for at least 3 weeks of whooping period.	Children should be immunized against disease with vaccine.
Usually 3-4 days with proper care; rarely more than 7.	Sinus infections, Bronchitis, Grippe.	Believed to be limited to early stages, probably not more than week.	Avoid contact with persons sick with cold. Practice of good health habits is assumed to be helpful.
Usually 1-7 days.	Pneumonia.	Undetermined, probably throughout febrile stage.	Avoid exposure to crowds during epidemics, and contact with all sick persons.
Variable. "Sulfa" drugs frequently shorten acute stage.		Presumably until recovery is complete.	Avoid contact. Avoid chilling and exposure after colds and influenza.

The last thing before leaving the room the attendant washes her hands and then removes her apron. She leaves the apron hung right side out, so that it can be put on again without touching the outside which may be contaminated.

She leaves a supply of newspaper to be folded into bags for waste material or cut into squares to protect the hands when touching soiled articles.

Protecting her hands with squares of newspaper she empties waste water into the toilet, takes paper bags to be burned, puts linen to soak, and boils the dishes.

Finally, when all is done, the attendant scrubs her hands thoroughly in the bathroom or kitchen.

When "It's Only Measles"

"IT'S only measles" is a dangerous phrase. Parents assume a grave responsibility when they hold measles to be nothing serious, when they allow children only mildly sick to play with others, or when they say that "it's better to get measles early and get it over with".

Measles is a widespread, highly contagious disease causing many deaths each year among young children. Health officers tell us that it is *not* better to

get measles at an early age "to get it over with", and this is the reason. If a child reaches school age before he contracts measles, he is much more likely to have a light attack. Nine-tenths of the measles deaths occur in children under five years of age.

Measles usually appears in epidemic waves at intervals of two or three years and the epidemics usually start in early spring. When the disease spreads in the neighborhood or the town, parents of small children should keep them from playing with those who show symptoms of any illness and from all children who go to school.

If a tiny child has been exposed, the family physician should be called so that he can decide if it is

When it's measles, prevent glare but do not keep child in the dark.

advisable to give the protective serum treatment. Among children over five years of age measles usually is not serious if the patient is properly cared for in the beginning. It may become so, however, hence a physician should be called if the disease is suspected, regardless of the child's age.

Measles is so highly contagious that nearly every child who has not had the disease comes down with it if he is exposed. When the day of the exposure is known, the child should be watched for beginning symptoms from the seventh to the sixteenth day following.

A child coming down with measles should be kept warm but the room should be ventilated without creating a draft. If his eyes become troublesome, glaring light should be screened out and a green visor provided if needed, but the child should not be left in semi-darkness. Only a bland diet such as crackers and milk, cereal or soup should be given until the doctor leaves instructions about his food.

Keep the little measles patient in bed until the doctor finds he can get up. This precaution is an important safeguard for the child's health, rather than that of the family, for children recovering from measles are less able to withstand other dis-

eases, and pneumonia often follows if the convalescing child is allowed to catch cold.

Once or twice during the year after the child has recovered he should be taken to the doctor for observation.

If It's Scarlet Fever

MOST parents have a wholesome respect for scarlet fever. Not only is the little patient likely to feel quite sick, but frequently infection in

The child with scarlet fever must be kept away from others until all discharges have ceased.

the ears or a sore throat, which may follow the original disease, will hang on for weeks and may require continued isolation after the fever has passed.

Often the child feels so miserable that the parents make haste to call the doctor. It is well for the patient's sake that this is so because, for this disease, early medical care can add greatly to the comfort and the safety of the patient. In severe cases scarlet fever serum may be given but the serum must be administered early to be of much effect.

As with the other communicable diseases, the family physician (or the head of the household if no doctor is called) is required by law to report the case of scarlet fever to the local health department. The health board doctor or nurse who calls will explain the regulations for the isolation of the patient, which do as much to protect the household as they do the community. Although the rules of isolation may vary in minor respects, most communities require the isolation of the patient for from three to four weeks and until all discharges have ceased. Adults not in contact with the patient usually are allowed to continue at their business unless they are employed in handling food, but exposed children, while they live at home, commonly are not allowed to attend school.

The cover-all apron is left always in the sick room at the door, hanging right-side out.

If a child who is susceptible to the disease is known to have been exposed, he should be watched carefully for at least a week.*

Whooping Cough

OF the many diseases which health officials have to combat, whooping cough is one of the hardest to control. It begins as an ordinary cough

* The physician can, if he thinks it necessary, make a skin test which will tell whether or not the exposed child can catch the disease. This is called the Dick test.

and is highly contagious during the week or ten days of coughing before the disease is recognized by the "whoop". All too frequently playmates have caught the infection before the sick child is separated from them.

If the doctor is called early he can do much to relieve the patient's distress and make the siege less of a drain upon the child's constitution. His advice about diet and feeding schedules, and his suggestions about nursing care must be followed to the letter. During the year after the child has recovered, the doctor should have a chance to give him one or two examinations until it is known that there are no lasting disabilities from the disease.

As most of the deaths from whooping cough occur among babies (and all but ten percent in children under three years of age), it is quite evident that small children should be protected from the disease. A vaccine is now available which, if given some months before the child is exposed, will almost surely protect him throughout childhood. Most physicians urge that children be protected against diphtheria, smallpox, and whooping cough during the first twelve months of life.

When a child is exposed to the disease, the first signs usually make their appearance within ten days

so parents of exposed children should be on guard during that time.

Infantile Paralysis

INFANTILE paralysis is a widespread disease but only a small proportion (possibly a tenth) of the children who are infected develop recognizable paralysis. By far the great majority are sick only a short time and parents think it only a feverish cold.

Keep away from the patient's face when giving care.

Severe cases begin abruptly with fever, sore throat, and vomiting. For several days before the paralysis appears there may be headache, stiffness of neck, drowsiness or general irritability. Parents are so apprehensive about this disease that a physician usually is called whenever it is suspected, especially during epidemics.

Although the physician will give explicit instructions about the entire care of the case when he makes his diagnosis, it is well for the family to be warned that during the feverish stage the patient must be kept quiet in bed. The treatment consists of rest, medicine for the relief of pain, measures taken to prevent deformity, and massage followed by graduated exercises. The needed massage and exercises should be carried out by a nurse with special training or by an experienced physiotherapist. Attendants without special instruction may do harm in attempting well-intentioned care.

A nation-wide agency has been formed to aid general hospitals and special institutions for the care of infantile paralysis cases. Where such hospitals are available, parents of a child with this disease should see that he gets this care. The family physician or the public health nurse will know the location of the nearest institution.

It Should Not Be Diphtheria

EVERY child should be protected with toxoid against diphtheria sometime during the second six months of his life. The treatment is simple, harmless, almost painless, and renders the child immune to the disease. All physicians urge the immunization of all children in the families of their practice. Most health departments offer the treatment at health centers.

Although there is no need for a child ever to be endangered by diphtheria, several thousand young lives are needlessly sacrificed to this disease each year. Diphtheria, smallpox, and whooping cough are the diseases against which we have proved preventive measures. Parents who deprive their children of these safeguards assume a great responsibility.

Like the other communicable diseases of childhood diphtheria begins with a cough and sore throat and the child seems very ill. If the doctor is called immediately and can make an early diagnosis, antitoxin given in large amounts may save the child's life. It is those children who do not receive antitoxin early who succumb to the disease.

Colds, Influenza, and Pneumonia

COMMON colds and the other respiratory diseases are communicable infections and should be treated as such. As soon as the child develops the symptoms of a cold he should be put to bed and given a light diet until the doctor can call. And until the doctor can make a diagnosis, the patient should receive the same care as for any other communicable disease.

Properly cared for, the cold is not a serious matter and should last only three or four days. Uncared for, the cold is apt to lead to other and more serious conditions.

Influenza and grippe are terms used loosely to include any respiratory infection which is more severe than a common cold and which is accompanied by fever, distress, and marked prostration. The condition may be due to any one of several different germs. The important consideration is that all these conditions are communicable and the patient should be kept in bed and isolated from others in the household as long as fever and prostration continue.

Keeping the patient in bed is done as much for his sake as for the household, because the patient sick with grippe or influenza is often so weakened that he

has insufficient resistance against pneumonia germs which may be harbored in the mouths of well people. Though they may cause no harm to them, these germs are a serious menace to the patient.

Although pneumonia often follows what seems merely a cold, or after an attack of grippe, it frequently comes on abruptly, and without warning. It is still one of the principal causes of death even though modern public health practices have resulted in a decline in the number of cases—especially among children—and the modern method of treatment with the new "sulfa" drugs has very greatly improved the likelihood of cure. To be most effective the medicine must be administered early in the course of the disease, hence parents should be on the watch for the early signs—sharp pain in the side, fever, a cough, a sense of chilliness or evident chills, and the sputum streaked or tinged with blood. When these signs occur the family physician should be summoned without delay.

Some Milder Conditions

GERMAN measles, chickenpox, and mumps are considered less serious than the diseases already discussed. Although they seldom if ever cause

death, a physician should be called when the symptoms of any of these mild infections occur, in order that he may rule out the chance of a more serious condition, and give advice about possible complications.

Chickenpox especially should be seen by the family physician at the first sign of illness so that it may not be mistaken for smallpox. In older children, especially those who have not been vaccinated since infancy, the possibility of mild smallpox must be considered. Chickenpox is highly contagious and usually is contracted early in childhood.

Mumps is regarded lightly by most parents. This is not strange for the poor victim looks so ludicrous with his swollen neck and usually he does not feel very sick. The disease is not highly contagious and does not last long.

Mumps is a disease of the glands and may have serious consequences in older boys and girls. When it is confined to the salivary glands in the neck it causes only discomfort, but if it attacks glands in other parts of the body—especially the matured sex glands—the condition may be more serious, so the child with mumps should be put to bed and the doctor should be called as in any other communicable condition.

TO SUM UP THE WHOLE MATTER: the communicable diseases of childhood are spread usually by the direct or indirect transfer of infectious saliva. The child showing the early signs of any of the diseases discussed here (and the first signs are much alike) should be put to bed in a room by himself, the rest of the family should be excluded from the room and the doctor should be called. As the diseases go hardest with tiny children they should be kept away from older children during epidemics and from any child who appears to be ill.

JOHN HANCOCK HEALTH BOOKLETS ON COMMUNICABLE DISEASES

ABOUT TUBERCULOSIS — Ways in which this disease is spread and prevented.

CARING FOR THE SICK IN THE HOME — Instructions for untrained attendants.

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PREVENTING DIPHTHERIA — How protection against this disease may be assured.

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